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ABSTRACT

This document provides a review of recent, state-of-the-art literature concerning the nature, extent, dynamics, and effects of child sexual abuse and examines America's preventive intervention and treatment efforts for child sexual abuse. After an extensive presentation of the problems of defining terms in sexual abuse, these topics are discussed: (1) scope of the problem, including incidence of abuse; (2) dynamics of sexual abuse, focusing on perpetrators, intrafamilial child sexual abuse, and sexual exploitation; (3) effects of sexual abuse on children and families; (4) prevention education for parents, efforts for professionals, efforts targeted at children, and an evaluation of prevention efforts; (5) intervention; (6) the legal response to child sexual abuse, including statutes and legal intervention; and (7) treatment for victims and offenders. A 226-item reference list and a 30-item selected bibliography are included. (ABL)

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Literature Review of Sexual Abuse

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August 1986

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Preface

This publication provides a review of recent, state-of-the art literature concerning the nature, extent, dynamics, and effects of child sexual abuse. In addition, this paper examines America's response to child sexual abuse—its preventive intervention, and treatment efforts.

It is hoped that this paper will promote a greater understanding among professionals who intervene in the lives of sexually abused children and their families. This, the third revision of this publication, has been prepared because of the enormous increase in child sexual abuse literature since 1978.

This paper combines the efforts of many individuals: Richard Roth and Peter Kendrick of Herner and Company; and Kee MacFarlane and Joseph Wechsler, formerly with the National Center on Child Abuse and Neglect, laid the foundation through earlier drafts. This edition was written by Diane DePanfilis and edited by Marsha K. Salus on behalf of Aspen Systems Corporation, with special assistance provided by Anita Cowan and Candy Hughes of Aspen. Finally, David Finkelhor provided a wise and thoughtful review of the current edition.

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Definitions

"Sexual abuse of children is not a new problem or a rare occurrence. It is not easily identified or diagnosed; it rarely results in physical injury; and it often goes unreported to authorities."(1) Child sexual abuse has been defined in numerous ways. It includes a wide range of behavior, from fondling and exhibitionism, to forcible rape, and commercial exploitation through prostitution or the production of pornographic materials. Sexual abuse can involve varying degrees of violence and emotional trauma.

In 1984, after receiving expert testimony, the U.S. Congress amended the definition of sexual abuse in the Child Abuse Prevention and Treatment Act of 1974 to:

> "...the term sexual abuse includes—(i) the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in any sexually explicit conduct (or any simulation of such conduct) for the purpose of producing any visual depiction of such conduct, or (ii) the rape, molestation, "...the term sexual abuse includes—(i) the employment, use, persuasion, children, under circumstances which indicate the child's health or welfare is harmed or threatened thereby,...."(2)

To better understand this definition it is helpful to view it in the context of the definition of child abuse and neglect, as expanded by Congress in 1984:

> "...the physical or mental injury, sexual abuse or exploitation, negligent treatment, or maltreatment of a child under the age of eighteen, or the age specified by the child protection law of the State in question, by a person (*including any employee of a residential facility or any staff person providing out-of-home care*), who is responsible for the child's welfare...."(3) (Emphasis added.)

Thus, for the purposes of this Act, sexual abuse is limited to such acts committed by persons responsible for the child, but for the first time, "persons responsible" has been legally broadened beyond the family. While important as a standard, the Federal law is not used in individual cases. As with most matters that directly impact citizens, the State civil and criminal laws govern the handling of child sexual abuse. At the State level, a variety of laws govern matters dealing with sexual abuse of children, e.g., criminal statutes, incest laws, and civil child protection statutes, including reporting laws and the juvenile or family court jurisdiction acts.(4) The diversity of laws make it difficult to arrive at a standard legal definition in any one State.

In order for States to be eligible for State grants under the Federal Child Abuse Prevention and Treatment Act, definitions in State child abuse laws must be consistent with the Federal Act and must be in accordance with regulations promulgated by the U.S. Department of Health and Human Services.(5) Even so, the degree of specificity of sexual abuse definitions varies widely

from State to State.(6) Like the civil laws, criminal statutory definitions are not uniform; there are wide variations in the penalty structures and in the upper age limit of the child victim.(7) Thus, the definition of what constitutes sexual abuse of children remains largely a matter of jurisdictional and individual interpretation.(8) Furthermore, most child abuse reporting laws address maltreatment by parents or persons legally responsible for a child's welfare. Therefore, a sexual abuse act committed by a person outside the family may be handled quite differently from the same act committed by someone legally responsible for the child.(9)

Professionals who work with child sexual abuse develop their own "operational" definitions. These definitions often create similar complexities to those resulting from the differences among legal definitions.(10) Many professionals define the problem in terms of sexual assault, child rape, child molestation, and incest. These terms focus on specific aspects of the problem but do not address the overall problem. One definitional approach uses the term "sexual victimization," emphasizing that the children are victimized because of their age, naivete, and relationship with the offender rather than being victimized by the aggressive intent of the abusive behavior.(11) A "clinical" definition includes: 1) a description of what occurred; 2) information about age and stage of development of the persons involved; 3) an understanding of the nature of the relationship between those involved; 4) a description of the attitudes, reactions and responses of other family members, and 5) the prevailing cultural attitudes about sexuality in the community.(12)

Differences in philosophical approaches to responding to child sexual abuse are derived primarily from differences in definitions. "There is a basic dilemma about whether child sexual abuse should be *r*egarded as a crime, a form of mental illness, or—particularly in cases in incest—as a major symptom of broader family dysfunction."(13)

To address all forms of child sexual abuse and exploitation, the National Center on Child Abuse and Neglect has adopted the following definition of child sexual abuse:

> Contacts or interactions between a child and an adult when the child is being used for the sexual stimulation of the perpetrator or another person. Sexual abuse may also be committed by a person under the age of 18 when that person is either significantly older than the victim or when the perpetrator is in a position of power or control over another child.(14)

Scope of the Problem

Sexual abuse of children, like physical abuse, is much more common than originally believed.(15) However, cultural inhibitions and the secretive nature of child sexual abuse hide the true incidence of incest and sexual exploitation of children.(16)

Efforts to document the extent of child sexual abuse can be grouped into two categories: 1) incidence studies which attempt to estimate the number of new cases occurring in a given time period, usually a year; and 2) prevalence studies which attempt to estimate the proportion of the population that will be sexually abused during their childhood.(17)

Incidence Studies

In 1976, NCCAN commissioned a comprehensive study of the incidence of child abuse and neglect. Extrapolating from 26 counties to the nation as a whole, the National Incidence Study estimated that 44,700 cases of sexual abuse, or .7 per 1000 children, were known to professionals in the year beginning in April, 1979.(18)

A review of the National Incidence Study, however, has identified limitations to the study's ability to define "true sexual abuse incidence."(19) Absent from its statistics are the number of sexual abuse incidents known only to victims and perpetrators, and perhaps, to a few family members and friends.

Since 1976, the American Humane Association has conducted an annual national analysis of official reports of child abuse and neglect.(20) In 1984, the most recent year for which statistics are available, approximately 13 percent of the cases of maltreatment were identified as sexual abuse.(21) Extrapolating from this study, the American Humane Association estimates that 110,878 children were reported as victims of sexual maltreatment in 1984. These statistics represent an increase of 54 percent between 1983 and 1984.(22) Most experts consider the rise of incidence statistics to be the result of increasing awareness, and professional attention to the problem.(23)

It is difficult, however, to estimate the "true extent" of the problem since most cases of sexual abuse do not come to the attention of any child welfare agency or professional.

Finally, most estimates of the incidence of child sexual abuse do not include child victims of pornographic exploitation and prostitution. These forms of sexual abuse have only recently become the subject of investigation and research. While the number of children involved in the production of pornographic materials is not known, the commercial success of pornography, estimated to be a multimillion-dollar business,(24) appears to validate the continuing threat of sexual exploitation to children.

Prevalence Studies

Prevalence studies begin with the premise that most cases of sexual abuse are never reported. Therefore, the most valid measure of extent of the problem must come from victim or offender self-reports. Nineteen such studies using

volunteer, college student, or random community samples have recently been compared. There has been significant variation in the prevalence rates, ranging from 6 percent to 62 percent for females and from 3 percent to 31 percent for males. These differences are attributed to: the varying sexual abuse definitions used; differences in the prevalence of sexual abuse among various segments of the population and/or methodological factors; how respondents were recruited, and interviewed, who interviewed them, or the wording of the questions asked.(25)

Three examples of prevalence studies of sexual abuse of children available from random samples of U.S. adult populations are cited here. In 1980, Kercher surveyed 2,000 people who were randomly selected from all individuals possessing Texas drivers' licenses. Of 1,054 respondents, 12 percent of the females and three percent of the males admitted that they had been victims of sexual abuse as children.(26) In a survey of 521 adult men and women in Boston, Finkelhor found that 12 percent (15 percent of the women and six percent of the men) had suffered sexual abuse as children, either within or outside the family.(27) Using different definitions, Russell interviewed a random sample of 933 adult women in San Francisco and reported a significantly greater prevalence of father-daughter sex relations than Finkelhor's estimate. In Russell's study, 16 percent of her respondents reported at least one sexual assault within their family before the age of 18 and 12 percent reported having experienced at least one such event before age 14.(28) One explanation for the differences in these estimates may be, in part, attributed to the thoroughness of Russell's questions. Other studies asked a single question about sexual abuse, while Russell asked 14 questions about sexually exploitative experiences. These questions may have reminded respondents about sexual abuse that occurred in their childhood.(29)

Many factors support the belief that the reported cases of sexual abuse represent only the "tip of the iceberg." First, many parents, family members, and others are reluctant to report incidents of sexual abuse to the authorities.(30) Second, the sanctity/integrity of the family is supported by our society, both traditionally and legally. Therefore, it is easy for families to isolate themselves from public view and public censure.(31) Third, Chandler noted in her review of research,(32) children typically keep their sexual victimization a secret from their parents or significant others.(33,34) Fourth, a high percentage of adults who have participated in retrospective studies report that they had never told anyone about the experience.(35)

Dynamics of Sexual Abuse

Perpetrators

The terms "perverts," "molesters," and "dirty old men" are not accurate descriptions for the majority of persons responsible for the sexual abuse of children.(36) Studies of sexually abused children show that a large proportion of such cases involve parents or other figures familiar to the child. Of 9,000 cases of sex crimes against children reviewed by the American Humane Association in 1968, 75 percent were perpetrated by members of the victim's household, relatives, neighbors, or acquaintances of the victim.(37) In a recent analysis of official national reports of sexual abuse between 1976 and 1982, 56.5 percent of the perpetrators were natural parents, 20.9 percent were other parents (step, foster, adoptive), 16.3 percent were other relatives, and 6.3 percent were not related to the child.(38)

Reporting statistics, by their nature, are biased toward intrafamilial abuse. However, most researchers agree that the perpetrator is usually known to the child.(39) In a study of 583 sexually abused children, Conte and Berliner found that a relatively low percentage of the perpetrators were natural fathers (15 percent); however, only 8 percent of the offenders were classified as strangers.(40) In 76 percent of the cases surveyed by Finkelhor, respondents reported that the offender was known to the child, and in 43 percent of the cases, the offender was a family member.(41) In a study involving 73 consecutive sexual abuse cases treated at a hospital, 82.5 percent of the assailants were relatives, caretakers, friends, or acquaintances of the victim.(42) Seventy-eight percent of 142 sexually victimized boys treated at a sexual assault center had been abused by assailants they knew.(43)

The dynamics and effects of child sexual abuse differ depending on the perpetrator's relationship to the child.(44) In cases of assault by a stranger, the perpetrator's behavior is usually an expression of a sexual preference for children. In incest cases, the perpetrator's normal sexual preference for adults may become thwarted, disoriented or inappropriately directed toward a child.(45) While aggressive sexual offenses, such as rape or sadism, do occur within the family, they are the exception rather than the rule.(46) The majority of child sexual abuse cases do not involve penetration, venereal disease, or infliction of serious physical injury. Exhibitionism and fondling by strangers, often compulsive and habitual forms of behavior, are rarely violent and may have fewer negative effects, depending of course, on how the situation is handled, by professionals and the child's significant others.(47)

Sexual abuse by strangers is usually a single episode, occurring most frequently in the warm weather months, and usually in public places. In contrast, sexual abuse by family members or acquaintances is more likely to occur in the home of the victim or the perpetrator, and may occur repeatedly, over an extended period of time.(49) While there are cases of child sexual abuse committed by adult women, the overwhelming majority of perpetrators are men.

Some cases of sexual abuse can be attributed to the perpetrator's exclusive sexual interest in children. These individuals are called "fixated" offenders by

Groth (77) or "sexual preference-mediated" offenders by Howells.(50)

A recent review of empirical research identified four causal theories of pedophilia: 1) emotional congruence—why the adult has an emotional need to relate to a child; 2) sexual arousal—why the adult could become sexually aroused by a child; 3) blockage—why alternative sources of sexual and emotional gratification are not available; or 4) disinhibition—why the adult is not deterred from such an interest by normal prohibitions.(51) The review suggests that:

1) The best experimental research has focused on pedophiles' unusual pattern of sexual arousal toward children, however, no evidence exists identifying why this pattern occurs;

2) A number of studies have agreed that with pedophiles, social and heterosexual relationships are blocked;

3) Many studies report that the use of alcohol is a disinhibiting factor and it plays a significant role in many pedophile offenses;

4) At least one study supports the "emotional congruence" theory that children, because of their lack of dominance, have special meaning for pedophiles; and

5) There is evidence that many pedophiles were themselves victims of pedophile behavior when they were children.(52)

Based on a thorough review and analysis of all factors proposed as contributing to sexual abuse, Finkelhor suggests that four conditions must exist in order for sexual abuse to occur:

1) A potential offender must have some motivation to abuse a child sexually;

2) The potential offender must overcome his or her internal inhibitions against acting on that motivation;

3) The potential offender must overcome external impediments to committing the sexual abuse;

4) The potential offender or some other factor must undermine or overcome a child's resistance to the sexual abuse.(53)

Victims

Girls are reported at a much higher rate than boys (the estimated ratio ranges from twice to 10 times as often), and although victims have been found to be as young as four months old, the average reported age is between 10 and 14 years old.(54,55) Recent studies indicate, however, that these estimates may

be a reflection of the cases that are reported, rather than a true account of the age and sex of the majority of victims. For example, the 1978-1981 statistics from the Child Protection Center of Children's Hospital National Medical Center, an agency that treats all forms of child sexual abuse, indicate that in cases where offenders were parents or guardians, 41 percent of the victims were under the age of nine, and 25 percent were male.(56) Almost all studies however, report that children are at highest risk of sexual abuse in pre-adolescence between ages 8 and 12.(57) Likewise, the evidence that girls are at higher risk than boys is clearly established.(58)

While females may be at higher risk, more information about sexual abuse of boys has been gathered. For example, a review of the records of 81 sexually abused boys treated at a major hospital revealed that boys of all ages were subject to sexual maltreatment. The sexual abuse took many forms, for example: coercion which varied from rewards and bribes to threats of serious bodily harm; and anal intercourse and oral and genital contact, occurred with boys of all ages. Only three percent of the abusers were female. The perpetrator was most frequently a teenager known to the boy.(59)

Another study compared the demographic and psychosocial characteristics of 40 adolescent males who reported pre-adolescent sexual molestation during a routine medical clinic screening with those of 40 adolescent males who reported no prior sexual molestation. Findings indicate that male sexual abuse is greatly underreported as only 6 of the 40 victims had revealed the assault prior to the interview.(60)

Still another study compared variables that differentiate between female and male victims. The study found significant differences in the following areas: family composition; the perpetrator of the abuse; and the length of the abuse. Specifically, this study found that males were less likely then females to reside in a home with a father figure, were more likely to be abused by step-fathers than female victims, and were more likely to have a nonperpetrating parent who was emotionally or physically ill. Finally, the perpetrators who abused males were less likely to be alcoholics and more likely to use force and threats.(61)

In cases where the perpetrator is a family member or friend, physical force is rarely necessary to engage a child in sexual activity because of the child's trusting, dependent relationship with the perpetrator. The child's cooperation is often facilitated by the adult's position of control/dominance. For example, the perpetrator may offer material goods, threaten physical violence, or misrepresent moral standards. In complying with the adult's wishes, the child may also be attempting to fulfill needs that normally are met in other ways. For example, a child may cooperate for love, affection, attention, or from a sense of loyalty to the adult. Conversely, a child's need to defy a parental figure, express anger about a chaotic home life, or act out sexual conflicts may increase a child's vulnerability to sexual abuse and exploitation.(62)

Other reports of child sexual abuse suggest an increase in associated violence. In a study of 44 cases of attempted and completed child sexual assault by a family member, 39 percent of the offenders committed a sex-

pressure assault while 61 percent committed a sex-force assault. In the sex-pressure assault, the offender is an authority figure and pressures the child, who may not know that sexual activity is part of the offer. In this type of assault, sexual approaches are often presented to the child as instructional. Sex-force assaults, on the other hand, involve the threat of harm or physical force, rather than engaging the child emotionally. Intimidation and exploitation are used to gain power. In some cases the assault may be sadistic, for example the child may be beaten, choked, or tortured. In these situations, the intent of the perpetrator is to hurt, punish, or destroy the victim.(63)

Finally, one controversial issue that recurs in the literature involves the role of the victim in sexual abuse. DeJong reviewed the studies which focused on the familial context of incest and concluded that the researchers erroneously identified the child as the seducer. DeJong further suggests that such theories are a narrow view of a very complex family problem.(64) In addition, Finkelhor states that the women's movement consciousness-raising regarding rape has served to minimize the blame directed toward the child victim.(65)

Intrafamilial Child Sexual Abuse

Incest, defined as sexual abuse between members of the same family, is highly emotionally charged. Father-daughter incest and incest involving a father figure are the most commonly reported forms; mother-son, mother-daughter, and father-son incest are believed to occur much less frequently than father-daughter incest.(66) Few researchers have examined the effect that changes in the structure and nature of American families may have on the dynamics of intrafamilial sexual abuse. For example, the role of stepfathers and absent parents who visit with their children away from the custodial parent. Russell attempted to analyze the differences between the prevalence and seriousness of incest between children and stepfathers and children and biological fathers. She interviewed a random sample of 930 adult women in San Francisco(67) and concluded that 17 percent, or approximately one out of every six women, for whom a stepfather was the principal father figure in childhood, were sexually abused by him. The comparable figures for biological fathers were two percent, or one out of approximately 40 women. In addition, when a distinction was made between "very serious sexual abuse" and other less serious forms, 47 percent of the cases of sexual abuse by stepfathers were defined as "very serious," compared with 26 percent by biological fathers. At least three other studies have found that a stepfather as the principal father figure increased a girl's risk for all types of sexual abuse.(68)

Theories regarding the etiology of intrafamilial child sexual abuse are tentative because most published research on the subject is based on small numbers of cases. Nevertheless, there are several common themes discussed in the literature. One researcher identified five family conditions often present in families where father-daughter incest occurs: 1) the emergence of the daughter as the central female figure of the household, in some respects taking over the role of the mother; 2) the relative sexual incompatibility of the parents; 3) the

unwillingness of the father to seek a partner outside the nuclear family; 4) pervasive fears of abandonment and family disintegration; and 5) unconscious sanction of the incest by the mother, who condones or promotes the daughter's sexual role with her father.(69) Sgroi describes five phases of sexual victimization: engagement, sexual interaction, secrecy, disclosure, and suppression.(70) Another researcher differentiates three types of incestuous fathers: 1) fathers for whom the incest is part of a pattern of "indiscriminate promiscuity"; 2) fathers with an intense craving for young children (pedophilia); and 3) fathers who, in the absence of a satisfying relationship with their wives, choose a daughter as a sexual partner because they do not wish to cultivate sexual contacts outside their own families.(71) Descriptions of incestuous fathers have ranged from passive, ineffective, and introverted, to strong, authoritarian, and extremely controlling.(72) Other views emphasize the dual role of a father who uses his position of authority to control the daughter's behavior, obtain her developing sexuality for himself, or protect her from rival boyfriends, while at the same time playing the awkward adolescent lover.(73)

Social isolation often characterizes incestuous families. Like other forms of child maltreatment, the existence of incestuous relationships tends to isolate the family even further.(74) A number of researchers have noted the relationship of alcohol intoxication with incestuous incidents.(75) It has also been cited that a disproportionate number of perpetrators involved in criminal or juvenile court are from the lower socioeconomic classes.(76) This occurrence may result from middle- and upper-income perpetrators' ability to avoid contact with the courts. Available data from other studies suggests that sexual abuse and social class are probably unrelated.(77)

Although incest can and does occur outside the awareness of the mother or other family members, it can involve the collusion of all family members. Collusion may take the form of unconscious denial, or it may be more active. Some authorities view the collusion of incestuous families as self-protection, because of the real danger of a prison sentence, loss of financial support, loss of reputation in the community, and the creation of a recriminating and angry atmosphere within the home.(78)

Sexual Exploitation

Our knowledge regarding the dynamics of sexual exploitation is more limited. A recent exploratory research study gathered significant data from 55 sex rings.(79) An analysis of the first 40 cases suggests that the majority of victims were male children, ranging in age from less than one year to seventeen. Approximately half of the offenders used their occupation to gain access to child victims. These offenders included teachers (nursery school, grammar, and junior high levels), a city health physician, an engineer, a school bus driver, a camp counselor, a photographer, a gas station owner, and scout leaders. Although the number of victims actively involved in a ring at a specific time ranged from 3 to 11, cases involving hundreds of children could be reported if the number of victims were counted consecutively over the life of the sex ring.(80)

Effects on Children and Families

Children are affected by sexual abuse in different ways. A child's reaction depends on a number of factors occurring both during the sexual abuse and after it has ceased. The question of what effects incest alone has on a child is unanswerable since it is impossible to separate the effects of the sexual acts from the family pathology in which they occurred.(81) Therefore, it is difficult to determine whether the problems incest victims exhibit are the result of the sexual abuse or the result of other aspects of family dysfunction.

There are, however, a number of factors which help determine how a child will react to the sexual abuse. These factors include the child's age and development status, the relationship of the abuser to the child, the amount of force or violence used by the abuser, the degree of shame or guilt evoked in the child for his/her participation, and perhaps most importantly, the reactions of the child's parents and the professionals who intervene in the child's life.(82) Other factors identified in a recent study as contributing to emotional distress of sexually abused children include maternal reactions to the abuse, the presence of physical injury, and the child's removal from the home.(83) In addition, another study indicated that depression and depressive symptoms were significantly more common in cases of sexual abuse that involved: intercourse; victims older than age six; delayed reporting; or multiple episodes of the sexual abuse.(84)

In his review of the monograph and journal literature on child sexual abuse from 1978 to 1982, Bagley identified studies which report sequelae common in adolescents and adults who were victims of sexual abuse. They include: 1) suicidal gestures and attempts; 2) long-term personality problems, including guilt, anxiety, fears, depression and permanent impairment of self-image; 3) serious personality dysfunction, including chronic psychosis, self-mutilation, induced obesity, anorexia nervosa, hysterical seizures, and a chronically self-punitive lifestyle which is a response to feelings of guilt and self-disgust; 4) running away from home, or removal by judicial and child welfare authorities unaware of, or indifferent to, the sexual abuse; 5) prostitution or sexually dominated or explicit lifestyle; 6) withdrawal, coldness, frigidity or lack of trust in psychosexual relationships; 7) aggression, aggressive personality disorders, and chronic delinquency; and 8) substance abuse leading to chronic addiction and health impairment.(85)

Many authorities believe that incidents of sexual abuse by a stranger may be far less traumatic than those committed by someone close to the child. In most instances of stranger assaults, the parents will rally to the aid of the child. While they may overreact to the situation, their anger and feelings of retribution are directed toward the offender. In addition, the child will generally receive expressions of concern, protection, and support from family and friends. The degree of violence and physical coercion used by the perpetrator is, of course, another important factor. For example, if a child has been raped or otherwise physically harmed by a stranger, serious short- and long-term effects may result.(86)

Numerous researchers have found incest victims manifesting psychological problems. These problems include: depression, anxiety, lack of sexual identity, confusion, fear of sex, traumatic neurosis, etc.(87) The victim is often isolated and estranged from other family members.(88) The victim may exhibit more behavioral problems and general signs of harm than peers in the general population.(89) The child may act out by running away, also described as "escape behavior."(90) There is evidence that some incest victims resort to self-injury.(91) Victims may also be sexually victimized by others either during the original victimization or a short time later.(92) Finally, some of the short-term physical effects of sexual abuse include, e.g. eating and sleeping problems, vomiting, restlessness, and a failure to thrive syndrome;(93) genital irritation, stomachaches, painful discharge of urine, altered sleeping patterns, enuresis, encopresis, and hyperactivity;(94) and venereal disease.(95)

In their review of clinical and empirical studies focusing on the impact of child sexual abuse, Browne and Finkelhor analyzed the findings on the initial effects of sexual abuse (within two years of the termination of the abuse). They categorized the effects as follows: emotional reactions and self-perception; physical and somatic complaints; effects on interpersonal interaction; effects on sexuality; and effects on social functioning. Based on this analysis, the authors report that the empirical literature confirms the existence—in a percentage of the victim population—of almost all the initial effects reported in the clinical literature including: fear, anxiety, depression and self-destructive behavior, anger, aggression, guilt and shame, impaired ability to trust, revictimization, sexually inappropriate behavior, school problems, truancy, running away, and delinquency. However, no effect was found to be universal.(96)

There are significant differences of opinion among investigators as to what constitutes the long-term effects of sexual abuse.(97) DeYoung has classified long-term effects into the following categories: family disturbances, psychological disturbances, sexual problems, sexual victimization, lesbianism, and prostitution. In their recent literature review, Vander Mey and Neff note the following effects of sexual abuse: promiscuity, inability to assume a mother-wife role, alcoholism, drug abuse, prostitution, sexual dysfunctioning, delinquency, depression, and suicide.(98) In addition, some victims have suffered from multiple personality disorders.(99)

Further, results of two recently completed studies funded by NCCAN indicate that of the hundreds of minors involved in child pornography who were interviewed, between 50 percent and 75 percent reported a history of sexual abuse within the family.(100) It is likely then, that a history of sexual exploitation by family members increases a child's vulnerability to sexual exploitation by others, particularly when the child is a runaway.(101)

Since much of the information regarding the long-term effects of sexual abuse is derived from clinical studies, many victims have revealed their incestuous history while involved in therapy for other problems. In a study of 437 adolescent girls admitted to a psychiatric hospital for emotional problems, 13.9 percent admitted to having been involved in an incestuous

relationship.(102) In another study involving 65 children and adolescents hospitalized for severe psychiatric problems, 37.5 percent of the nonpsychotic female subjects reported a history of incest; 10 percent of the psychotic girls and about 8 percent of all the boys had such a history.(103) Results of a study of 142 female and 29 male sexual abuse victims younger than age 14 show that depression and depressive symptoms were significantly more common in assaults that involved intercourse, victims older than age 6, delayed reporting, or multiple episodes.(104) However, many victims of incest come to the attention of the courts for antisocial behavior and may proceed through the justice system without ever revealing their underlying problems.(105)

Summarizing their review regarding the long-term effects of sexual abuse, Browne and Finkelhor state, "Empirical studies with adults confirm the presence of many of the hypothesized long-term effects of sexual abuse mentioned in the clinical literature: suicidal tendencies, fears, isolation and stigma, lowered self-esteem, distrust, revictimization, substance abuse, and sexual problems such as sexual dysphoria, sexual dysfunction, and promiscuity."(106) They also developed a framework for understanding the effects of child sexual abuse by identifying four traumagenic dynamics which form the base for the psychological injury inflicted by abuse. They are traumatic sexualization, betrayal, stigmatization and powerlessness. "Traumatic sexualization" refers to a process in which a child's sexuality is shaped in a developmentally inappropriate and interpersonally dysfunctional fashion as a result of sexual abuse. "Betrayal" refers to the process through which children discover that someone on whom they were dependent has caused them harm. "Powerlessness" refers to the way in which the child's will, desires, and sense of efficacy are continually contravened. "Stimatization" refers to the negative connotations—e.g., badness, shame, and guilt—that are communicated to the child during the abuse. These statements are incorporated into the child's self-image.(107)

After analyzing the past research on the effects of child sexual abuse, Mrazek and Mrazek suggest that future research consider the following six variables: 1) extent of sexual contact; 2) age and developmental maturity of the child; 3) degree of relatedness between victim and perpetrator; 4) affective nature of the relationship; 5) age difference between the victim and the perpetrator; and 6) length of relationship.(108) Further, to ensure the validity of future findings, they suggest that the methodological issues of definition, sample, outcome measures, criteria for adjustment, and controls be more carefully addressed than in the past.

Likewise, Finkelhor raises concerns regarding much of the past research on long-term effects, because of the lack of representation of the general public in most clinical and volunteer samples. For example, clinical samples have included individuals from prisons, psychiatric hospitals, drug and alcohol treatment programs, etc. These populations tend to represent people with serious problems. Finkelhor provides numerous suggestions for sampling and research design which will improve future research on this subject.(109)

Prevention

During the last five years, we have witnessed an explosion of activity focusing on the prevention of child sexual abuse. Unfortunately, these efforts are in their embryonic stages and few programs have undertaken systematic evaluations to determine the effects or quality of these efforts.

While specific research about the impact of sexual abuse prevention activities is only beginning, other research supports prevention activities. Finkelhor's study of parents of children ages 6 to 14 in Boston points to the need for more parent education regarding sexual abuse. The study's findings suggest the need for education in the following areas: 1) to alert parents to the signs of sexual abuse and the importance of believing their children if sexual abuse should occur; 2) to provide information about how to respond to incidents of sexual abuse; 3) to emphasize the importance of professional evaluation of the sexual abuse victim; and 4) to provide information about community resources to assist families with sexual abuse problems.(110) Similarly, Rogers and Thomas found from their study of 402 cases of child sexual abuse treated at Children's Hospital National Medical Center that prevention should focus on teaching children to avoid situations which place them at risk. They should be taught specific strategies for handling the methods used by offenders to gain compliance.(111)

Even when parents provide basic sex education to their children, they may be reluctant to discuss sexual abuse. Describing the nature of sexual abuse is an essential component of primary prevention. If children are taught what constitutes appropriate adult-child physical interaction (regardless of whom the adult may be), they are in a better position to prevent or at least seek help for their own victimization.(112)

Based on their recent review of current approaches to preventing child sexual abuse, Finkelhor and Araji draw several conclusions: programs having prevention as their primary objective did not begin until the late 1970's; prevention programs, for the most part, originated in local communities without government sponsorship; and prevention programs are among the fastest growing efforts to deal with child sexual abuse.(113)

To date, prevention activities have primarily included general public awareness efforts, dissemination of printed materials for parents to teach their children about sexual abuse, education for professionals who come in contact with children, and prevention education for children of all ages.(114)

Nationally, formal and informal efforts have been made to educate the general public about sexual abuse. For example, the broadcasting of the television movie "Something About Amelia" in January 1984 resulted in widespread media attention to the problem.(115) As a result of this broadcast, the National Committee for the Prevention of Child Abuse, in three months alone, "received over 3,000 letters from individuals poignantly and personally touched by the problem of child sexual abuse."(116) Another example of a major nationwide prevention campaign has been the development and dissemination of a special issue of "Spider-Man and Power Pack" which uses

popular comic strip characters to inform children about ways to protect themselves from child sexual abuse.(117)

Prevention Education for Parents

Prevention education directed toward parents has distinct advantages because of the central role parents play in their children's lives. If parents learn to educate children themselves, children may receive repeated exposure to information from a trusted source, something that a special classroom presentation cannot achieve.(118)

In 1980, Samford wrote the first book focusing on the parents' role in the prevention of child sexual abuse.(119) One of the book's strengths is its emphasis on promoting positive mental health and self-esteem among children, in addition to helping to avoid sexual victimization.(120)

As a result of increasing reports of sexual abuse by child care providers,(121) the National Center on Child Abuse and Neglect and several national organizations, e.g. the American Medical Association and the National Education Association, developed sexual abuse prevention resources for parents and disseminated them nationally.(122) Addressing the same issue, Congress appropriated an additional $25 million for States to use for sexual abuse prevention training for parents, State child care licensing personnel, and day care providers.(123)

Most experts agree that prevention efforts cannot address education for parents alone. Many parents have difficulty talking to their children about sexual issues. In addition, some parents may be engaged in sexual abuse and therefore would not teach their child about prevention.

Prevention Efforts for Professionals

Professionals who have contact with children, including teachers, pediatricians, school counselors, day care workers, clergy, and police, are critical providers of prevention education for children. Finkelhor and Araji(124) recommend several objectives for the educating professionals:

1) They must understand the nature and dynamics of the sexual abuse and be able to discuss it in terms that children can comprehend. To be able to do this, professionals need to role play or practice so that they can feel comfortable discussing such topics.

2) They must know how to identify children who are at high risk for sexual abuse and possible signs of abuse. They must be reminded to maintain high levels of suspicion.

3) They must know how to question a child sensitively about the possibility of abuse. This also requires role playing or practice so that professionals can feel comfortable asking such questions.

4) They must know how to react when a child confides that he or she has been

victimized. Professionals should be aware of responses that would harm the child, such as blaming the child or showing exaggerated sense of alarm.

5) They must be familiar with resources for referring children who have been victimized.

6) They must be able to communicate basic concepts of prevention to the children.

Prevention Efforts Targeted at Children

The majority of prevention efforts are targeted directly to children. Finkelhor and Araji's review of program approaches identified common themes. They include:

1) All the efforts have tried to educate children about what sexual abuse is.

2) All the efforts have attempted to broaden children's awareness about potential sexual abuse offenders. In contrast to educational programs of earlier generations which warned exclusively about strangers, almost all current prevention programs teach children that potential offenders include people whom they may know and like.

3) All the efforts have attempted to teach children specific actions they can use if someone tries to sexually abuse them. They all encourage children to tell someone, especially someone they trust, and to keep telling until they are believed.(125)

NCCAN Funded Prevention Projects

Between fiscal years 1980 and 1982, NCCAN funded six child sexual abuse prevention projects. Objectives of these demonstrations were to: 1) design and implement educational programs for school-age children aimed at preventing or reducing the occurrence of child sexual abuse; 2) develop and test methods of imparting information to children concerning the causes, symptoms, warning signals and behavior associated with sexual abuse and assault; 3) develop education/prevention program models which could be adapted to reach children of all ages; 4) demonstrate ways of gaining the acceptance and cooperation of school systems or other organizations to participate in sexual abuse prevention activities; 5) develop and test materials, curricula or teaching aids; 6) define and test various elements of successful program implementation; and 7) work closely with local child protective service agencies to ensure that investigation and treatment resources were sufficient to meet the needs created by case finding occurring as a result of the education/prevention programs.(126)

Results of a program evaluation of project activities indicate that, in general, the demonstration projects met the original objectives specified for their program.(127) Five of the projects developed and implemented educa-

tional programs for school-age children aimed at preventive education about child sexual abuse. These programs were successful in gaining the acceptance and cooperation of local school systems and other local organizations. Each project developed its own curriculum and other supporting materials for groups of children ranging from preschool through high school levels. One project developed a film on child sexual abuse for use with 8- to 12-year olds.

These projects report that it is not uncommon for children and adults in their programs to identify themselves as having been sexually abused.(128) As a result, it is essential that relationships be established with child protective services agencies prior to implementing sexual abuse prevention activities in a community.

Evaluation of Prevention Efforts

The specific effects of education/prevention activities are just beginning to be evaluated. One project in the State of Washington developed pre- and post-tests to evaluate the effectiveness of their preschool curriculum and have made appropriate modifications based on a field test in 25 preschool or day care programs.(129) Based on their experiences, representatives of Washington State schools and other community agencies have identified criteria for evaluating sexual abuse prevention curricula.(130)

An example of a child-focused sexual abuse prevention program is the play "Bubbylonian Encounter," designed to teach children: 1) to discriminate between positive and negative touching and become aware of sexual assault; 2) to resist sexual abuse and report it to someone they trust; and 3) to be aware that sexual abuse can be perpetrated by a friend or family member as well as a stranger. While this program has received positive reviews from parents and professionals, the value of this approach needs further testing. One evaluation of this program conducted a pretest of 44 urban, elementary school children by showing them a play along with five video vignettes that included two examples of positive touching, one of negative touching, and two of sexual abuse. The children were asked to circle the response that best described the touch demonstrated in the vignetee. After seeing the play, the children were shown the five vignettes as a post-test. Questions that solicited the children's reaction to the play were asked. In addition, both the pre-test and post-test yielded 72 percent correct responses for the nonsexual touch vignettes and 92 percent correct responses for the sexual assault vignette, indicating no additional learning occurred as a result of the play. The play was successful, however, in increasing children's awareness that they should report sexual assault and that sexual abuse can occur in the family.(131)

Another evaluation of sexual abuse prevention activities examined the effects by randomly assigning children to prevention training and a wait-list control group. Young children (ages four and five) and school-aged children (six to ten) received a three-hour program teaching common sexual abuse prevention concepts. Children in both groups were given a structured interview before and after the prevention group received training. Results of a multivariate analysis of variance indicate that children in the prevention train-

ing group significantly increased their knowledge of prevention concepts while children in the control group did not. This evaluation also showed that both younger and older children had more difficulty learning abstract prevention concepts than specific or concrete concepts.(132)

In another prevention program evaluation, pre-test and post-test questionnaires were used with a quasi-experimental design to evaluate the effectiveness of three Personal Safety Project workshops on child sexual abuse—a teacher's workshop, a parents' workshop, and a personal safety awareness workshop for children. Evaluation results indicated that the workshops significantly improved the participants' appropriate behavior in most studied areas. Comparison of pre-workshop and post-workshop scores indicated that teachers' knowledge of how to respond to a child's complaint of sexual abuse had improved. Parents' post-workshop scores indicated that they would be more likely to believe a child's complaint of sexual abuse; however, parents' post-workshop results showed that they were no better prepared to obtain help for a sexually abused child. Intermediate students reported improved body evaluation and self-esteem, as well as increased knowledge of potentially dangerous situations. Finally, in contrast to a control group not in the program, grade five students were more likely to successfully terminate an uncomfortable touch (a continuous hand shake), while in the control group of primary students only 1 out of 10 were able to successfully terminate the continuous handshake despite their discomfort.(133)

Another study was conducted to evaluate changes in fourth and fifth graders' knowledge and attitudes of physical and sexual abuse following brief skits and focal discussion in the classroom. Compared to controls, children who received the program showed an increase in knowledge regarding the appropriate actions to take in the event of threatened or actual abuse. The authors of this study provide suggestions for broadening the scope and impact of child abuse prevention programs. First, we must provide developmentally appropriate programs for younger children. Second, more change would be realized if prevention programs were designed to be conducted over several occasions. Third, clinically significant prevention efforts, i.e., what the child will actually do when confronted with a (potentially) abusive situation, may be addressed in other ways. For example, training programs may include sessions in which children actually rehearse the correct behavior when presented with simulated abusive situations during role play. Finally, examining what children know about correct actions to take in abusive situations must be emphasized. This information could lead to the development of child abuse prevention programs that are tailored more to the needs of the different audience in each community.(134)

Finkelhor and Araji summarize the debate as follows:

> Many educators in the field emphasize the need for an integrated approach to prevention, reaching audiences of children, parents, and professionals. But sometimes choices need to be made about which audiences deserve priority. Some prevention educators clearly believe that working with

children holds the greatest potential for impact on the problem. Others raise questions about this priority. Unlikely as it seems, it is within the realm of possibility that children have relatively little control over whether they are abused or not. Greater knowledge about rights or advance warning about the nature of molestation, although soothing to adults who want to protect children, may in reality be of little use to most children when confronted by actual molesters. Or we may find out that, even with the best instruction, children retain little of what they are taught.(135)

The U.S. Department of Health and Human Services (HHS) conducted a national program inspection to examine child sexual abuse prevention in day care and to develop recommendations for preventive efforts. Interviews were conducted with 300 individuals in 49 States, including social and child protective services staff, licensing officials, physicians, day care providers, and parents, etc. Results indicated that no profile or predictive model of child molesters currently exists. Employment screening techniques for day care programs were seen as desirable but as presenting technical due process problems. Practical difficulties in implementing the techniques were identified. In addition, most felt the techniques did not guarantee the identification of child molesters. The interviewed experts unanimously agreed that education of parents, teachers, children, and day care providers is the most effective child sexual abuse prevention method.(136)

The number of sexual abuse prevention materials available makes it extremely difficult for a program to select the best approach. An annotated bibliography was recently produced identifying 226 curricula, books, audiovisual materials and other teaching aids developed since 1980. The listings are grouped under the following categories: books for adults; books for children; booklets, pamphlets, and miscellaneous teaching aids; curricula and leader guides; audiovisual materials for the classroom; and audiovisuals for teachers, parents, and professionals. Names, addresses, and phone numbers of publishers and distributors are listed.(137)

The National Committee for the Prevention of Child Abuse suggests that sexual abuse prevention materials must be evaluated in order to determine: 1) how long-lasting the effects of the materials are; 2) how much exposure to these types of materials children and adults need; 3) which formats, if any, are more effective than others and with whom; and 4) what risks, if any, are there for children and families in using these materials.(138)

Based on their experience in developing child sexual abuse prevention programs, directors recommend the following approach for effectively organizing prevention programs: 1) establish a community task force (including local teachers); 2) raise public awareness of the problem; 3) identify teachers and parents to develop and implement the program; and 4) then work with the children.(139)

It is obvious that the effectiveness of prevention programs needs to be tested further. In the interim, programs should develop their sexual abuse prevention efforts with care and caution. Program designs must consider the complex nature of child sexual abuse and avoid confusing children with simplistic

messages. Evaluation procedures should begin to examine the long range effectiveness of their efforts through follow-up with prevention education participants several months after the program has been delivered.

In summary, while little is known about the effects of sexual abuse prevention efforts at this time, most experts support the value of continued development of strategies in this area. After gathering information nationwide related to child abuse and family violence, the Attorney General's Task Force on Family Violence developed a series of recommendations to encourage the further development of prevention activities. One recommendation states: "The public at large must be aware of the magnitude and urgency of the problems represented by family violence and the costs to society if prevention is not given high priority, for many of today's abused children will be tomorrow's abusers, runaways, and delinquents."(140)

Intervention

The reactions of parents, members of the community, and intervening professionals to the sexual abuse of a child are crucial in determining the psychological effects on the child. Indeed, one researcher asserts that "the greatest potential damage to the child's personality is caused by society and the victim's parents, as a result of 1) the need to use the victim to prosecute the offender (to whom the victim may be deeply attached, as in the case of an incestuous parent), and 2) the need of parents to prove that the victim did not participate voluntarily and that they were not failures as parents."(141) Some parents respond with greater concern toward the disruption of their own lives caused by the disclosure than with concern for the child victim. Self-oriented responses by parents have been found most often in cases where the offender was a member of the victim's household.(142)

Although society reacts with predictable horror at what is done to children by sex offenders, it apparently does not share a similar concern for what subsequently may happen to children in the hands of our intervention system. Whether a child has been sexually assaulted by a stranger, an acquaintance, or a family member, when the incident is disclosed the family is usually experiencing extreme crisis as it works through feelings of anger, fear, shock, and confusion. During this vulnerable period, the criminal justice, health, and social service systems may descend upon a child and family with such a devastating impact that its recipients are left with the feeling that the "cure" is far worse than the original problem.(143) Many authorities agree that the emotional damage resulting from the intervention of "helping agents" in our society may equal, or far exceed, the harm caused by the abusive incident.(144)

In incest cases, the family's fears of family disruption following disclosure are often well-founded. In many communities, particularly those without adequate social service resources, family separation is the only means available to protect the child. The children may be placed in foster care; the father may lose his job or be jailed; the family's income then may be jeopardized; the child feels guilty and may be blamed for the breakup of the family; and the family is disgraced in the eyes of the community.(145) Further, community professionals may have different approaches for responding to the problem. For example, the police and prosecutors may want to prosecute the offender; child protective services may want to remove the child; and mental health personnel may want to involve the entire family in treatment. Very few communities have been able to achieve true cooperation and coordination of services.

Results of a survey of 790 professionals who worked in the Boston metropolitan area illustrate the disagreement which exists among agency personnel about the proper approach to handling sexual abuse. In this survey, 64 percent of the sexual abuse cases known by other professionals were not being reported to appropriate authorities because of different opinions about what should be done in these cases.(146)

In an effort to evaluate concerns about the inappropriate system response to

cases of sexual abuse, Finkelhor has analyzed data from 6,096 official reports of sexual abuse.(147) His findings *do not* suggest that sexually abused children are being removed from their families arbitrarily or in large numbers. Although children are placed into foster care somewhat more often in cases of sexual abuse than in cases of physical abuse, such action occurs in only about a fifth of the reported cases. The children most likely to be affected are older children and children who report their own abuse.

Still, in most communities, procedures for handling cases of sexual abuse were developed without planning, and many believe the management of sexual abuse cases remains chaotic.(148) Based on her extensive work with sexually abusive families, Goodwin identifies several sources of professional unresponsiveness: 1) lack of experience with incest cases, 2) fear of being fooled by an incest hoax, 3) the difficulty of working with the family without joining the family's system of blaming and recrimination, and 4) failure to remember the health and interpersonal problems in the child and in the family that preceed the accusation of incest.(149)

Understanding the stages of family crisis which frequently occur after discovery may provide important clues for identifying appropriate methods of intervention. Holder describes six typical stages of family response to the disclosure of sexual abuse, ranging from denial to adjustment. He suggests that "timing" and professional readiness to offer assistance is critical.(150) Likewise, Leaman recommends a crisis intervention model to help family members cope with their immediate reactions and to ease the transition to more intensive therapeutic intervention.(151)

Emphasizing the importance of an individualized response to sexual abuse, Newberger identified three possible societal responses: 1) an egocentric orientation, in which child sexual victimization is avoided, denied, or responded to out of individual need; 2) a conventional orientation, in which the response is organized around rules of correct behavior; and 3) an individualistic orientation, in which the response focuses on examining the particular circumstances in individual cases, considering the child's needs for protection, the perpetrator's need for corrective intervention, the family's need to maintain intimate relationships, and our institutions' needs to do their jobs.(152)

One critical area of intervention is the protection of the child victim of sexual abuse. Protecting children cannot be the responsibility of a single profession, agency, or service delivery system. Further, no single intervention strategy can meet the complex needs of these children and their families.(153) One key to the success of 14 sexual abuse demonstration projects funded by NCCAN was the degree to which the programs established strong and cooperative working relationships with other community agencies.(154)

While there are a number of similarities in procedures for handling child sexual abuse cases, there are important differences in the type and extent of therapeutic intervention required to alleviate the effects of the various forms of abuse.(155) Consequently, a comprehensive family assessment designed to minimize further trauma to the child and family is critical for formulating an effective intervention and treatment response.(156) A complete medical

evaluation of the victim, including a test for venereal disease and documentation of foreign objects, and tests for gonorrheal infections of the throat, genitals, or rectum, are recommended when the victim's history suggests extensive sexual involvement.(157) The therapeutic approach of this assessment must involve sensitivity, empathy, and appropriate medical intervention while at the same time giving consideration to the feelings of the sexually assaulted child, the accused perpetrator, and the troubled family unit.(158) Drawings can be especially useful as part of the evaluative interview of the victim.(159) Individual psychological evaluation of the perpetrator is also essential to determine if severe psychopathology exists, to identify treatment needs and to develop treatment approaches which have some probability of success.(160)

Based on extensive experience with multidisciplinary-multiagency intervention and treatment of sexual abuse, one project recommends that successful intervention: 1) protects the child and stops the abuse; 2) minimizes trauma; 3) accurately and completely establishes facts; 4) controls the family situation; 5) accurately assesses needed services; and 6) rapidly implements treatment and/or a treatment plan.(161)

Numerous experts have emphasized the importance of using adequately trained personnel, who have appropriately dealt with their own feelings about sexual abuse, in all phases of the intervention and treatment process.(162) Results of special training projects funded by NCCAN document the validity of this argument.(163)

The Legal Response to Child Sexual Abuse

Sexual abuse of children is as much a legal problem as it is a social, psychological and medical one.(164) However, there is a continuing controversy over the role of the legal system in cases of child sexual abuse.(165) The advantages and disadvantages of using the criminal justice system, in particular, are quite complex. The advantages and disadvantages involve the services available in a community for the treatment of the child, her or his family, and the offender, and the extent to which the criminal justice system's approach is strictly punitive, rather than an ameliorative orientation.(166)

Regardless of one's philosophical stance, e.g. treatment with or without legal intervention, laws exist in every State to address the problem of sexual abuse. Every State requires certain individuals, including doctors, teachers, psychologists and others working closely with children, to report suspected child sexual abuse. These reports often result in some form of legal intervention. The legal action may be criminal prosecution of the perpetrator, or, where the offender is a parent or caretaker, a juvenile court proceeding to protect the child may be held, or as frequently occurs, both proceedings may be initiated.(167)

Statutes Regarding Sexual Abuse

New child sexual abuse criminal legislation has improved upon previous laws for statutory rape and child molestation. In general, these new statutes specifically define the prohibited acts, establish a tiered structure of offenses with graduated penalties based on the age of the victim and/or perpetrator, and protect children from abuse by family members or others in a position of authority over the child. However, there is still a lack of uniformity in certain provisions from State to State, e.g. the upper age limit of the child victim ranges from age 11 to 17.(168)

In addition, in all States except New Jersey, statutes exist that specifically prohibit incest. However, incest may only be charged if penetration can be proven, since most States limit the criminal act to sexual intercourse. Thus, prosecution of sexual contact, or even oral or anal sodomy, could not occur under the incest laws in most States. When charges are filed for incestuous sexual intercourse with a child, the incest statutes rarely are used alone. Rather they are invoked in conjunction with the criminal child sexual offense provisions. There appear to be different trends in the reform of incest laws in the United States. On the one hand, some incest statutes are moving toward greater protection of the minor child. Others, however, are decriminalizing all incestuous sexual activity between relatives, which would include minors. One State decriminalized incest only where it involves minors. At least half of the States seem to have expanded the purpose of their incest laws to include stepparents and adoptive parents.(169)

There are two types of civil statutes whose primary purpose is the protection of abused and neglected children. These are the reporting laws and the juvenile or family court jurisdiction acts. The reporting laws cover all the procedures

for reporting and investigating reports of child abuse and neglect. The juvenile or family court acts set both the procedures for taking emergency custody of a child and for bringing a civil court action to protect the child from further harm. As of 1981, 32 jurisdictions required initial reporting only to a child protective services agency, 20 allowed reporting to either a law enforcement agency or child protective services agency, and two required reporting only to a law enforcement agency. At least 12 jurisdictions required immediate reporting by the child protective services agency to the police or prosecutor (some only where there was "serious" injury) and most statutes allowed the child protective services agency discretion as to whether to report incidents to the police. The trend, therefore, is to include sexual abuse by a parent or caretaker in the child abuse civil statutes and therefore it must be reported if suspected. However, some States' reporting laws do not limit the reportable sexual abuse to that which is caused by a parent or person responsible for the child's care. In fact, some States require reporting of neglect only when a parent or caretaker is involved, but require reports of abuse caused by any person regardless of relationship to the child.(170)

Other laws also deal with the problem of sexual abuse, for example, family violence and sexual psychopath laws.(171) Family violence statutes are relevant to sexual abuse cases. While they are designed to address spouse abuse, provisions in these laws which appear in many States can apply to cases of sexual abuse. For example, the abuser can be ordered to vacate the marital home; to stop the abuse or not have contact with the victim; to engage in counseling; or to pay support, restitution, or attorney's fees.(172) Sexual psychopath statutes allow committing certain types of sex offenders to mental health facilities instead of jailing them for particular sex crimes.(173)

NOTE: This review has attempted to cite examples of innovations in State laws related to sexual abuse. However, because of the rapidly changing State laws, the reader is encouraged to contact the American Bar Association's National Legal Resource Center on Child Advocacy and Protection, 1800 M Street, N.W., Washington, D.C. 20036, (202) 331-2250 for up-to-date information.

Finally, laws dealing with sexual exploitation have been enacted in all States.(174) In 1978, Congress broadened the definition of sexual abuse in the Federal Child Abuse Prevention and Treatment Act to include sexual exploitation. This required States to make their laws consistent with the Federal Act in order to be eligible for Federal assistance.(175) Further, in 1984, Congress amended the Federal Protection of Children Against Sexual Exploitation Act of 1977, which addresses the sexual exploitation of children through prostitution and pornography. These amendments have increased the fines for offenses and changed the definition to include prosecution of individuals who *trade* pornographic materials, as well as those who *sell* them.(176) While the majority of children affected by these laws are exploited by persons not responsible for their care, there is some relationship between sexual exploitation and sexual abuse, as noted previously.(177)

Legal Intervention in Sexual Abuse

There appears to be a trend toward increased use of the court system (both juvenile and criminal) for cases of sexual abuse. Based on an analysis of official reports of child abuse and neglect, 40 percent of sexually abusive families were referred to court, compared to only 18 percent of families accused of other forms of abuse and neglect.(178) Thus, as many as 25,000 families, or 40,000 children, may be exposed to the legal system annually because of sexual abuse.(179)

Many authorities believe that traditional legal intervention can cause severe trauma to the child and family. The traditional procedures include multiple, detailed and insensitive interrogations by law enforcement, medical and social service professionals; forced gynecological examinations in order to obtain medical evidence; testimony and cross-examination in open court and in the presence of the offender; and polygraph tests.(180)

The description above presents a negative image of the legal system. There are, however, issues related to the adversarial nature of the court process that must be addressed if we are to minimize the trauma to the child and family. There are conflicts between the rights of defendants and the needs and rights of victims in criminal sexual abuse cases.(181) For example, there are basic constitutional rights through the Sixth Amendment which allow defendants to confront and cross-examine witnesses against them and allow them a public trial.(182) Both of these issues present potential trauma for the child victim. Another issue involves the competence of a child victim to testify in a sexual abuse case, even though she/he may be the only witness to the incident.(183) Typically, even if the victim has been determined competent to testify, a corroborative witness is needed.(184)

After conducting hearings regarding family violence nationwide, the U.S. Attorney General's Task Force on Family Violence developed recommendations to minimize trauma for the victim, while protecting the rights of the alleged offender. They include: 1) specialization among prosecutors and institution of vertical prosecution (same prosecutor through all stages of the court process) whenever possible; 2) introduction of hearsay evidence at preliminary hearings to prevent the need for victims to testify; 3) presentation, with consent of counsel, of the child's trial testimony on videotape; 4) use of anatomically correct dolls and drawings to describe abuse; 5) appointment of a special volunteer advocate for children, when appropriate; 6) a presumption that children are competent to testify; 7) flexible courtroom settings and procedures; 8) carefully managed press coverage; and 9) limiting continuances to an absolute minimum.(185)

Based on a two-year project examining legal issues related to child sexual abuse cases, the American Bar Association developed guidelines for improving legal intervention in intrafamily child sexual abuse cases. The recommendations include: promoting innovative and interdisciplinary procedures; implementing coordinated court proceedings; establishing procedures which reduce trauma to the child; providing an advocate for the victim; implementing procedures to prevent duplicative interviews; instituting vertical prosecution; avoidance of a child testifying in open court, when possible; training and

specialization of professionals who deal with intrafamily child sexual abuse cases; adding amendments to improve State legislation; and implementing specialized procedures for handling juvenile offenders.(186)

Legislative Change

An increasing number of States have begun to address these issues through enactment of legislation.(187) To gain a national perspective on legislative reforms in this area, the National Institute of Justice commissioned a study to examine legislative reforms and legal techniques to assist child victims through the court process. As of 1984 the following legislative reforms had been enacted:

1. *Competency Provisions.* There is a move away from competency criteria and distinguishing differences between child and adult witnesses. For example, 20 States dictate that every individual is competent and 13 States presume that anyone is competent if he or she understands the oath or the duty to tell the truth, regardless of age.

2. *Special Exceptions To Hearsay.* Nine States have statutorily created a special hearsay exception explicitly limited to child sexual abuse victims. Typically these laws provide that a child's out-of-court statement is admissible *if* the court finds sufficient indicia of reliability and the child either testifies or is found unavailable as a witness.

3. *Exclusion of Spectators.* At least 20 States have passed laws barring some portion of the audience from the courtroom during the testimony of a sexual abuse victim.

4. *Videotaped Testimony.* Thirteen States have adopted laws authorizing the introduction of videotaped testimony taken at a deposition or preliminary hearings. Eleven States require that the defendent be present during the videotaping. Eight States require evidence that testifying in court will be traumatic or that the witness is medically or otherwise unavailable.

5. *Closed Circuit Television.* Three States (Texas, Kentucky, and Louisiana) statutorily authorize judges to allow physically or sexually abused children to testify via closed circuit television to the court and jury.

6. *Videotaped Statements.* These same States have adopted laws permitting the introduction into evidence of a videotape taken of the child's first statement, provided that the child was questioned by a non-attorney and both the interviewer and the child are available for cross-examination.(188)

The most controversial innovations include the use of closed circuit television and videotaped testimony. Because of the controversy, many prosecutors are reluctant to use them and many question whether they do reduce the trauma to the child.(189)

In addition to legislative changes, communities have implemented a variety of activities to reduce the negative impact of the legal system on children and families. These policies and procedures include pre-trial diversion programs, coordination between civil and criminal court, joint interviewing between law enforcement and child protective services, and staffing with multidisciplinary teams in order to decide whether to prosecute.(190)

Other techniques include:

1. Enhancing the child's communication skills through the use of dolls, art, and simplified vocabulary;

2. Modifying the physical environment, e.g., by providing a smaller chair for the child, having the judge sit at the same level or wear business clothes instead of the robe; and

3. Preparing child victims for a courtroom appearance, e.g., by briefing them on the roles of people in the courtroom, introducing them to the judge, taking them on a tour of the courtroom, allowing them to sit in the witness chair and speak into the microphone.(191)

A 1980 survey conducted by the American Bar Association indicated that approximately one-third of the reporting jurisdictions in at least 12 States stated that they had statutes, policies, or procedures allowing pre-trial diversion of defendants for which intrafamily child sex offenders are eligible.(192) In the same survey, results from Madison, Wisconsin; Cass County, North Dakota; and Rockford, Illinois, revealed procedures for coordinating the civil and criminal court processes. Other unique procedures discovered included a vertical prosecution unit in Brooklyn, New York, which uses anatomically correct dolls for interviewing children and child testimony; a special coordination team between the prosecutor, specially trained police, and the child protective services agency in Erie, Pennsylvania, which reviews all child sexual abuse investigations before any criminal charges are filed.(193)

Since the 1980 survey, many other communities have implemented approaches to reduce trauma to the child victim. For example, a project in Philadelphia attempts to reduce the child victim's trauma by: coordinating the civil and criminal court involvement; establishing procedures for joint interviews and cooperation among community agencies; and advocating for effective intervention and rehabilitative services.(194) Another program in Huntsville, Alabama, coordinates sexual abuse investigation through joint interviews conducted at a "house" rather than an office and through regular team meetings.(195)

Treatment

Many experts have criticized the lack of research in the area of treatment effectiveness.(196) To date, there is no evidence that any one method, for example, individual, marital, family, or group, is specifically indicated in the treatment of child sexual abuse.(197) An analysis of cases of child sexual abuse reported nationally between 1976 and 1982 indicated that: 80 percent received casework counseling; 13 percent received crisis services; 26 percent involved placement of the victim in foster care; and 55 percent received long-term services ranging from mental health services (14.5 percent), to day care (1.5 percent), and homemaker services (1.3 percent).(198) National data is not available, however, regarding the specific nature and outcome of these services. Also, these statistics only address those cases involved with public child protective services and do not include other types of sexual victimization, i.e. abuse committed by persons not responsible for their care.

A variety of treatment models have been developed which explore new approaches for helping sexually abusive families to function in healthier ways. MacFarlane and Bulkley have categorized the major program models as follows: 1) the victim advocacy model, is characterized by a victim-centered orientation and by the belief that child sexual abuse is a crime which requires visible condemnation by society in the form of strong legal sanctions and the active involvement of the criminal justice system; 2) the improvement model, uses the criminal justice system, but also uses multidisciplinary approaches for improving and humanizing the investigation and prosecution of child sexual abuse cases; 3) the service modification model, focuses on modifying systems in order to reduce the impact and trauma of the legal process upon the child and family, but uses the criminal justice system as a motivator for rehabilitation; 4) the independent model, operates without a stand for or against criminal or juvenile court involvement and provides a variety of treatment services which function independently from the legal system; and 5) the system alternative model, operates from a philosophical position against the deliberate use of criminal or juvenile court and maintains a treatment orientation which does not use the legal system and focuses on the family as a unit.(199)

No program falls strictly within one category; however, there has been a significant growth of programs falling at all points along this continuum. In a 1976 survey, only 20 treatment programs for sex offenders in the United States could be identified.(200) By 1981, NCCAN had identified more than 300 treatment programs which contained specialized components for dealing with aspects of child sexual abuse.(201) The number of specialized programs is currently unknown, but many more are predicted to develop based on the increased attention on the problem of child sexual abuse at the national, State, and local levels. For example, Congress once again included a special authorization for sexual abuse research and demonstration in its latest revisions to the Child Abuse Prevention and Treatment Act.(202)

One of the first model treatment programs was developed in 1971 in Santa

Clara County (California). It was developed by the Juvenile Probation Department to improve case management of sexually abused children and their families. Currently known as the Child Sexual Abuse Treatment Program (CSATP), it relies on an integrated psychosocial approach which embraces the theory and techniques of humanistic psychology. The fundamental purpose of the CSATP is to resocialize families through use of three interdependent efforts: professional staff from a variety of official agencies; volunteer workers; and self-help groups, known as Parents United and Daughters and Sons United.(203) One of the most striking results of the CSATP approach has been an average increase in referrals of approximately 40 percent each year since 1974.(204)

In 1978, NCCAN funded the first specialized sexual abuse treatment programs. Located in Albuquerque, New Mexico, Chicago, Illinois, Edina, Minnesota, and Knoxville, Tennessee, these programs demonstrated a variety of approaches for handling sexual abusive families. The projects, which were located in public and private social service agencies and medical facilities, provided a variety of services; e.g., crisis intervention, psychological and diagnostic evaluation, legal assistance, 24-hour hotline counseling, casework counseling, individual therapy, couples counseling, family therapy, play therapy, group therapy, advocacy services, lay companions or parent aides, sex education, parenthood/child development training, and services for foster families.(205)

In addition, in 1978, the Law Enforcement Assistance Administration awarded grants to two projects: the Sexual Assault Center in Seattle, Washington, and the Child Protection Center-Special Unit in Washington, D.C. These projects, which are still in existence, are both located in hospitals. They provide medical care, crisis intervention, and counseling for victims and their families. They strongly believe in the criminal prosecution of child molesters and have identified approaches for making the legal system less threatening to the child victim. They are also committed to improving the community's response to child victims through specialized training and public awareness activities.(206)

In 1980, five sexual abuse treatment/training institutes were funded by NCCAN: 1) Joseph J. Peters Institute in Philadelphia, Pennsylvania; 2) Knoxville Institute for Sexual Abuse Treatment in Knoxville, Tennessee; 3) Child Abuse Unit for Studies, Education and Services (CAUSES) in Chicago, Illinois; 4) Sexual Assault Center, Harborview Medical Center in Seattle, Washington, and 5) Institute for the Community as Extended Family (ICEF) in San Jose, California. These projects were to build upon the knowledge of sexual abuse treatment and to demonstrate methods for disseminating this knowledge to other practitioners nationwide. Many practitioners benefitted from the training opportunities provided by these projects.(207)

Also in late 1980, NCCAN funded 14 service improvement demonstration projects designed to upgrade the quality of services provided to victims and their families and to improve coordination among agencies responsible for intervening in or treating intrafamily child sexual abuse. The projects were im-

plemented by different organizations/agencies, including: 1) a community child abuse council; 2) a police department; 3) a mental health center; 4) child protective services agencies at the city, county and State levels; 5) two Parents United chapters; 6) a children's hospital; and 7) two private, non-profit community agencies. Perhaps the most significant result is that all but one of the 14 projects were able to document the validity of their approaches and receive other sources of funds beyond the demonstration periods. And, in the one instance, alternative arrangements were made to continue services to the families.(208)

In addition to the model programs described above, professionals have been struggling with the treatment options available. As suggested by MacFarlane and Bulkley, "while it is clear that specialized programs for treating child sexual abuse share many common concerns, goals, legal barriers and treatment methods, it is also readily apparent that substantial philosophical and programmatic differences exist among them."(209) Several recently funded projects have begun to challenge the common stereotypes regarding the dynamics and personality characteristics of family members and have emphasized the ineffectiveness of prepackaging treatment approaches.(210) To a great extent, the actual treatment method or approach with incest victims may be less important than tailoring the treatment to reflect the dynamics of the specific situation.(211)

Numerous experts have emphasized the long-term nature of treatment of incest.(212) Several experts have also suggested a multiphase treatment process beginning with treatment of the individuals, graduating to treating family members in dyads, and eventually moving toward family treatment.(213) Many have also emphasized the importance of group treatment for children, fathers, and mothers.(214)

Based on what we know about the impact of sexual abuse on children, Mayer identifies the following treatment goals for incest victims:

1. Stabilize the environment.

2. Provide a trustworthy, nurturing and consistent role model via the therapeutic relationship.

3. Diminish guilt/blame/sense of responsibility via role plays and bibliotherapy.

4. Help the victim understand inappropriate family dynamics (role reversal, betrayal of trust) via supportive information sharing.

5. Enhance self-esteem by assertiveness training and environmental manipulation.

6. Teach assertiveness training and environmental manipulation.

7. Help rechannel acting out and self-destructive behaviors by enhancing self-esteem, and teaching self control and social skills.

8. Encourage catharsis/ventilation of repressed affect (anger, fear) followed by correct labeling of affective states.

9. Diminish compulsive sexual behaviors and the tendency to sexualize all relationships and promote a healthy sexual orientation through behavioral change and sex education.

10. Alleviate fear/anxiety/alienation by providing support, nurturing, empathy and understanding.

11. Provide dyad sessions with offender to enhance communication and provide offender with opportunity to accept/acknowledge feelings of victim and assume full responsibility for molestation.

12. Provide dyad sessions with the mother to enhance bonding, allow for victim to ventilate and provide the mother with the opportunity to assume full responsibility for not protecting victim and for not being aware of the molestation.

13. Provide triad (and/or total family) sessions to solidify gains in dyad sessions, improve communication skills and formulate family goals/plans.(215)

Treatment issues for dealing with mothers of incest victims include: establishing trust, sharing past history of abuse, dealing with denial, identifying unreasonable expectations, practicing limit setting, dealing with anger, improving communication, assertiveness training, improving social skills, assisting with concrete services, improving body awareness, and support through legal justice system involvement.(216)

We know less about treatment of pedophiles, although several experts have stressed the importance of careful evaluation.(217) Groth has identified four treatment modalities which help develop control over pedophilic urges: 1) chemical treatment; 2) behavior modification; 3) psychotherapy, and 4) psychosocial education.(218)

Effective treatment with offenders is largely dependent on an accurate evaluation of the treatability of the offender. The issues include:

1. Is the offender an antisocial personality type? (If so, prognosis is poor.)

2. Is the offender regressed or fixed in his behavior? (If he is regressed in behavior, the prognosis may be favorable.)

3. From the offender's point of view do the gains from being healthy

outweigh the gains derived from remaining sick? This question demands consideration of the consequences of not changing.

4. Was the motivation for the act(s) a need for physical contact and affection or for aggression through the use of force and threat?

5. What strengths are present for the offender in his environment? Does the family situation and personality makeup counter current stresses?(219)

Inadequate attention has been placed on the need for assessing and attending to the treatment needs of the victim's siblings,(220) to the special considerations involved with step-families,(221) or to the increasing number of reports of sibling abuse in incestuous families.(222)

In response to the increasing number of juvenile offenders being identified, many programs are beginning to design special approaches for dealing with the juvenile offender. For example, Children's Hospital in Washington, D.C. handles the juvenile offender through diversion and dispositional treatment alternatives.(223) Mayer has identified the following issues to be addressed in group therapy with adolescent offenders:

1. Sex education including factual material, sex-role stereotyping, and issues related to gender identity.

2. Social skills training including communication and assertiveness.

3. Stress management including impulse control and behavioral change.

4. Clarification of values and goals.

5. Decisionmaking and conflict resolution.

6. Victim issues including victimization, the effects of victimization, and depersonalization.

7. Early life traumas such as child physical and sexual abuse.

8. Self-destruction including chemical abuse, self-mutilation and suicide.

9. Affective issues including anger, fear, guilt, shame, and empathy.(224)

In general the treatment goals in cases of sexual abuse include reducing the crisis atmosphere in the family, providing the family with a rational framework within which to cope, helping family members channel rage and hurt, lessening the need for denial so that treatment will be accepted, and reducing the family's isolation.(225)

One suggested criteria for terminating treatment includes: the mother's

development as a protective agent in the family, the father's development of inner controls and the child's loss of distress symptoms and manifestation of normal development.(226)

In summary, substantial progress has been made in the last eight years, since the first edition of this publication was written. However, much more needs to be done. The number and types of specialized programs and approaches can be viewed as a positive sign of the commitment and energy of professionals and organizations. However, the lack of emphasis on and funding for program evaluations and evaluation of treatment effectiveness has left the field with little empirical data to compare the results of various types of intervention. We in the field of child sexual abuse have reached a critical juncture and the future holds promise of increased knowledge for all disciplines and, ultimately, of improved help for children and families.

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